55555	Void	a Emp	loyee's social security number	For Official Use Only ► OMB No. 1545-0008							
b Employer identification number (EIN)						1 Wa	ges, tips, other compensation	2 Fede	2 Federal income tax withheld		
c Employer's name, address, and ZIP code						3 So	cial security wages	4 Social security tax withheld			
						5 Me	edicare wages and tips	6 Medicare tax withheld			
						7 Social security tips		8 Allocated tips			
d Control number						9 Verification code		10 Dependent care benefits			
e Employee's first name and initial Last name					Suff.	11 No	onqualified plans		12a See instructions for box 12		
					±	13 Sta em	tutory Retirement Third-party bloyee plan sick pay	C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
						14 Other		12c			
								12d			
f Employee's address and ZIP code											
15 State Employe	15 State Employer's state ID number		16 State wages, tips, etc.	17 State incom		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
W-2 Wage and Tax Statement 2016 Department of the Treasury-Internal Revenue Service Form Copy A For Social Security Administration – Send this entire page with Department of the Treasury-Internal Revenue Service											

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